MUNICIPAL SERVICES COMMISSION of the City of New Castle, Delaware (302) 323-2330 fax: (302) 323-2337

Commercial Service Application

____Both

Start Date:		Account Number:
COMPANY NAME: _		
OWNER OR PRINCIPAL	OFFICER'S NAME:	
Type of Entity:		
Partnership	Corporation LLC	Other
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		ESS LICENSE AND PROOF OF EI. #
Trading As <i>Business Name</i>	[if different than company name	;]:
Exact Service Address:		
		a partnership, etc:
Do you own or rent?	Own Rent (Plea	se provide a copy of your lease)
Phone #:	Cell #:	Other#:
Fax #:		
E-mail address:	AND AND AND ADDRESS OF THE AND ADDRESS OF THE ADDRE	
References: Minimum 3		
1)Name	Address	Phone
V C l l 0		
2)		
Name	Address	Phone
Known for how long?		
3)	A 1 1	nt
3)Name	Address	Phone
3)	Address	Phone